



Instructions: Complete all fields and mail to the Office of Transportation Security Redress (address below)

I. Personal Information

Full Name: _____
First Middle Last

Social Security No.: _____ - _____ Birth Date: _____ / _____ / _____ Birthplace: _____
mm/dd/yy City or Town/Province/Country

Sex: ☐ Male ☐ Female Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

II. Contact Information

Current Address: _____
Street Number and Name Apt. no.

_____ - _____
City or Town State or Province Zip Code

Home Telephone No.: _____ () _____ - _____ Work Telephone No.: _____ () _____ - _____

III. Required Documentation and Information

You must provide either a copy of a U.S. Passport (Passport No. must be clearly visible) or at least three (3) of the following documents in order for your request to be processed. Check the box next to the document(s) that you are submitting with this completed form and enter the requested information for each in the space provided.

Documentation	Information
<input type="checkbox"/> U.S. Passport	Registration No. _____ Place of issuance: _____
OR	
<input type="checkbox"/> Birth Certificate	Registration No. _____ Place of issuance: _____
<input type="checkbox"/> Certificate of Citizenship	Certificate No.: _____ Place of issuance: _____
<input type="checkbox"/> Certificate of Release or Discharge from Active Duty (DD Form 214)	Discharge date: _____ Check one: <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Marines <input type="checkbox"/> Navy <input type="checkbox"/> Coast Guard
<input type="checkbox"/> Drivers License	License No.: _____ State of issuance: _____
<input type="checkbox"/> Government Identification Card	Badge No.: _____ Check one: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local
<input type="checkbox"/> Immigrant/Nonimmigrant Visa	Control no.: _____
<input type="checkbox"/> Military Identification Card	Card No.: _____ Check one: <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Marines <input type="checkbox"/> Navy <input type="checkbox"/> Coast Guard
<input type="checkbox"/> Naturalization Certificate	Certificate No.: _____ State of issuance: _____ Country of issuance: _____
<input type="checkbox"/> Non U.S. Passport	Registration No. _____ Country of issuance: _____
<input type="checkbox"/> Voter Registration Card	Card No.: _____ State of issuance: _____



V. Acknowledgement		
The information I have provided on this form is true, complete, and correct to the best of my knowledge and is provided in good faith. I understand that knowingly and willfully making any materially false statement, or omission of a material fact, on this form can be punished by fine or imprisonment or both (see section 1001 of Title 18 United States Code).		
I understand the above information and am voluntarily submitting this information to the Transportation Security Administration.		
Print or Type Name	Signature	Date

PRIVACY ACT STATEMENT: **Authority:** The authority for collecting this information is 49 U.S.C. § 114. **Principal Purpose(s):** This voluntary submission is provided to afford you the ability to confirm your identity as distinct from an individual on a Federal Watch List. Your Social Security Number (SSN) will be used to verify your identity. Furnishing this information, including your SSN, is voluntary; however, the Transportation Security Administration may not be able to confirm your identity without this information. **Routine Uses:** Routine uses of this information include disclosure to appropriate governmental agencies for law enforcement or security purposes, or to airports or air carriers to verify your identity for purposes of security screening.

Mailing Instructions

Please mail the completed form and copies of identity documents to:

Office of Transportation Security Redress
Transportation Security Administration
601 South 12th Street, TSA-901
Arlington, VA 22202

Faxing Instructions

Please fax the completed form and copies of identity documents to:

(866) 672-8640

or

(571) 227-1925